

Monthly Usage Certification Form

Attachment C

Each requestor is required to review his or her company-provided cell phone bill, complete this form and attach to the bill, then submit to the IMPAC cardholder.

Verify that I have reviewed the attached cellular bill for personal calls. Reimbursement for any calls which were identified as personal is included.

- ☐ N/A (Non-Applicable) – No personal calls *Signature required.
- ☐ Yes – Personal calls were made * Signature required.

1. Indicate on the bill which calls are personal
2. Payment should be made by check, payable to SAIC-Frederick, Inc.
3. Attach reimbursement and cellular bill and give to IMPAC Cardholder.
4. Cardholder will attach reimbursement and cellular bill to the front of the reconciled IMPAC statement and forward to the General Accounting Department, 92 T.J. Drive, Ste. 250, Frederick, MD 21702.

REQUESTOR _____ ORGANIZATION: _____
(Print Name)

* _____ / _____
(Signature / Date)

SERVICE PROVIDER _____

CARDHOLDER _____

STATEMENT DATE _____ PO # _____

CENTER _____

The amount of reimbursement due is calculated as follows:

_____ Number of personal calls X. \$.80 = \$ _____

Long Distance and Roaming Charges
(Applicable to personal calls made) \$ _____

Total Due \$ _____

The standard reimbursement rate will be evaluated twice a year by the Internal Auditing Dept., and communicated to the Facility.

SAIC-Frederick, Inc. Internal Auditors will perform monthly monitoring of all call activity for SAIC-Frederick, Inc. cellular services. All calls deemed to be personal will be referred to the wireless requestor for clarification.